



# Personal Medical Information Card

## Life Saving Information for Emergencies

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Emergency Medical Services, Fire Departments, and Hospital Emergency Room personnel often experience situations where the patient can't give vital health information. A medical emergency information card would prove to be invaluable to attending medical personnel in providing treatment.

### Why is this information needed?

- The more you know about your medications, the more you will be in control of your health.
- The more information you can give to your healthcare providers, the safer you will be.
- In the case of an emergency, this information will be available to those taking care of you.
- Your family and healthcare providers can only work with the information they are given.

### What do you need to do?

- Complete all the information on the card.
- Cut along the perforated lines.
- Keep this information UP-TO-DATE. Anytime your medications change, update your card.
- Carry your medication card with you. Place it with other identification cards, such as license, insurance and, etc.
- Show this information to your family.
- Show this card to your healthcare providers.

*Provided by: Hamilton County Emergency Medical Services*



# Personal Medical Information Card

Life Saving Information for you to keep at your home in the event of an emergency!



## PATIENT INFORMATION:

Name:	Date of Birth:	
Address:	Sex: Male Female	
City:	State:	Zipcode:
Phone: ( )	SS #	

## Primary Medical Problems:

Doctor's Name:	Doctor's Phone Number
Hospital Preference:	Have you been a patient there? Y N

## HEALTH INFORMATION:

Allergies to medications:	
Other allergies:	
Current Medications: Name/Dose	
Do you have a pacemaker: Y N	Blood Type:
Do you have a Living Will? Y N	

## PREVIOUS MEDICAL PROBLEMS: (Check all that apply)

<input type="checkbox"/> Heart	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hyperglycemia
<input type="checkbox"/> Seizures	<input type="checkbox"/> Emphysema	<input type="checkbox"/> AIDS	<input type="checkbox"/> Anemia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Other: _____			

*Print this card and carry a copy in your purse or wallet.*

### Emergency Medical Information Card (Provided by Hamilton County EMS)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Notify in Case of Emergency

Name & Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name & Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
Physician: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_  
Other Physician: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: ( Name & Dose)

Known Allergies: \_\_\_\_\_

Organ Donor: Y N Living Will: Y N DNR: Y N

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_